

**UNITED STATES DISTRICT COURT  
for the  
MIDDLE DISTRICT OF TENNESSEE**

U.S.A. vs. Ryan Moore

Docket No. 0650 3:13CR00097 - 24

## Petition for Action on Conditions of Pretrial Release

COMES NOW Dariel S Blackledge-White, PRETRIAL SERVICES OFFICER presenting an official report upon the conduct of defendant Ryan Moore who was placed under pretrial release supervision by the Honorable E. Clifton Knowles, U.S. Magistrate Judge sitting in the Court at Nashville, Tennessee, on June 07, 2013, under the following conditions: Please reference the attached Order Setting Conditions of Release.

Respectfully presenting petition for action of Court and for cause as follows:  
Please reference page two of this document.

I declare under penalty of perjury that the foregoing is true and correct.

Daniel S Blackledge-White *[Signature]* Nashville, TN February 5, 2014  
U.S. Pretrial Services Officer Place: Date:  
Next Scheduled Court Event Trial February 11, 2014  
Event Date

## **PETITIONING THE COURT**

## THE COURT ORDERS:

No Action  
 The Issuance of a Warrant.  
     Sealed Pending Warrant Execution  
        (cc: U.S. Probation and U.S. Marshals only)  
 Other

Considered and ordered this 5 day  
of February, 2014, and ordered filed  
and made a part of the records in the above  
case.

A Hearing on the Petition is set for \_\_\_\_\_

Honorable E. Clifton Knowles  
U.S. Magistrate Judge

Honorable E. Clifton Knowles  
U.S. Magistrate Judge  
2<sup>nd</sup> Superseding Petition for Action on  
MOORE, Ryan  
Case No. 3:13-CR-00097-24  
February 5, 2014

**The petition dated January 17, 2014, is superseded to include one additional count of Violation No. 2, and the addition of Violation No. 3. Additionally, the Violation, Probation Officer Action, and Pretrial Services recommendation sections have been edited.**

On June 3, 2013, defendant Ryan Moore appeared before Your Honor for an Initial Appearance as a result of being charged with violating Title 21 U.S.C. § 846, Conspiracy to Possess With Intent to Distribute and to Distribute Oxycodone, Hydromorphone, and Oxymorphone, Schedule II Controlled Substances; and Buprenorphine, a Schedule III Controlled Substance. The Government did not file a Motion for Detention, and the defendant was released on a personal recognizance bond with pretrial supervision.

As Mr. Moore had an active state probation violation, on June 7, 2013, he was released on a detainer to Wilson County, Tennessee. On October 20, 2013, the defendant was released from local custody.

On November 20, 2013, Mr. Moore reported for pretrial supervision.

On January 7, 2014, the bond revocation hearing was continued to February 20, 2014, to monitor the defendant's compliance on Pretrial Supervision. Mr. Moore has again violated the conditions of his supervision.

**Special Conditions of Release:**

Please reference the attached Order Setting Conditions of Release.

**VIOLATION(S):**

**Violation No. 1: Report to the U.S. Pretrial Services as directed.**

On December 18, 2013, the defendant failed to report to the U.S. Probation and Pretrial Services Office for his scheduled monthly appointment.

As a sealed Arrest Warrant was issued for the defendant on January 7, 2014, this officer telephoned the defendant on January 9, 2014, at 9:54 a.m. and requested that he come into the probation office. Mr. Moore advised that he lacked transportation because his father's vehicle was being repaired. He expressed his belief that his father would pick the vehicle up from the automotive shop later in the evening and could bring him into the office the next day. This officer encouraged Mr. Moore to try to find a ride to Nashville on the date of the phone call. Further, Mr. Moore was instructed to call the supervising officer back to advise when he would come into the office.

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At the close of business on January 9, 2014, this officer had not heard from Mr. Moore. The U.S. Marshals Service District Fugitive Task Force Coordinator for the Middle District of Tennessee was contacted, and apprehension services were requested.

**Violation No. 2: Submit to any testing required by the pretrial services officer or the supervising officer to determine whether the defendant is using a prohibited substance. Such methods may be used with random frequency and include urine testing, the wearing of a sweat patch, a remote alcohol testing system, and/or any form of prohibited substance screening or testing.**

On December 13, 2013, Mr. Moore failed to report for a urine screen as directed. He also failed to report for make-up urine screens on December 16, 2013, and on January 9, 2014.

*On January 29, 2014, the defendant failed to report for a urine screen as instructed. Additionally, on January 30, 2014, he failed to report, as directed, to the U.S. Probation and Pretrial Services Office for a make-up urine screen.*

**Violation No. 3: The defendant shall not commit any offense in violation of federal, state or local law while on release in this case.**

On the evening of January 30, 2014, this officer received notification that the defendant had law enforcement contact with the Lebanon Police Department. Investigation revealed that on the same date at approximately 7:07 p.m., officers were dispatched to the Knights Inn in Lebanon, Tennessee, to investigate a possible methamphetamine laboratory. When they arrived on the scene, officers encountered a woman, Stephanie Mosley, who allowed them into her motel room. Investigation revealed the room housed a methamphetamine laboratory. A man, identified as Nathan Busard, was discovered hiding in the bathroom. Mr. Busard and Ms. Mosley were taken into custody.

Inside the motel room, officers discovered a camouflage backpack that Ms. Mosley indicated belonged to her. It contained Mason jars with residue, plastic tubing, coffee filters, lithium batteries, and drain cleaner. Additionally, Percocet, methadone, and alprazolam were observed in plain view. For safety reasons, officers removed occupants from other motel rooms located near the scene. The Tennessee Methamphetamine Task Force responded to decontaminate and clean up the motel room.

At approximately 9:50 p.m., officers received a tip that two male subjects located at the Pilot gas station in Lebanon, were watching the police activity at the motel. The caller indicated the men said they left their phones at the Knights Inn but would not retrieve them. Further, the caller advised the defendant had entered the women's restroom and left blood everywhere.

At approximately 10:26 p.m., Lebanon City Police Department officers were dispatched to the Pilot gas station and encountered the defendant and another individual, Christopher Wright. The arresting

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officer indicated Mr. Moore had red, bloodshot eyes and a white coating on his tongue. According to the officer, defendant Moore voluntarily displayed his arms, which had fresh "track marks" and bruises on them.

The defendant was taken into custody and transported back to the Knights Inn, located at 921 Murfreesboro Road, Lebanon, Tennessee. Mr. Moore consented to a search of his hotel room and was subsequently arrested and transported to booking. He was charged with Public Intoxication (Report No. 14-4806), and on January 31, 2014, defendant Moore was released on his own recognizance.

Of note, Mr. Wright possessed a red straw which contained white residue at the time of his arrest. He admitted he snorted methamphetamine.

**Current Status of Case:**

A jury trial has been scheduled for February 11, 2014, at 9:00 a.m.

**Probation Officer Action:**

On November 15, 2013, this officer received information that the defendant was released from local custody on October 20, 2013. Contact was made with Sparta Bail Bonds, located in Lebanon, Tennessee, who confirmed the defendant was on bond in an unrelated state criminal case. Efforts were made to locate the defendant, and on November 19, 2013, this officer spoke with the defendant via telephone. An initial intake interview was scheduled for November 20, 2013. During this interview, this officer addressed Mr. Moore's 30-day absence from federal pretrial supervision, and he was encouraged to report as instructed. He was also advised that the Court would have to pre-approve any residential change.

On December 14, 2013, this officer conducted a home assessment at Mr. Moore's residence. As he had missed a urine screen on the previous day, he was instructed to report to the U.S. Probation and Pretrial Services Office on the morning of December 16, 2013. Additionally, defendant Moore was instructed to contact Cumberland Mental Health Center, located in Lebanon, Tennessee, to schedule his substance abuse intake assessment. He failed to report for a drug screen as directed.

On December 16, 2013, the defendant's girlfriend, Nikki Speakman, called this officer to advise Mr. Moore was ill. On December 17, 2013, Ms. Speakman again contacted this officer and advised the defendant was taken to the hospital.

On January 9, 2014, this officer again requested the defendant report to the office for a urine screen. He failed to comply with this directive.

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On January 13, 2014, information was received that the defendant reported to Cumberland Mental Health, located in Lebanon, Tennessee, for a substance abuse assessment. The U.S. Marshals Service was advised of Mr. Moore's whereabouts, and local law enforcement was contacted. Defendant Moore was arrested when he exited Cumberland Mental Health. He was transported to the U.S. Marshals Service, and the sealed warrant was executed. It is noted that on this date, presumably after the defendant's arrest, his girlfriend, Nikki Speakman, telephoned the supervising officer to advise that Mr. Moore had been either ill or at the hospital. This officer requested that Ms. Speakman refrain from contacting the officer on behalf of the defendant.

**At the conclusion of the defendant's Initial Appearance on January 13, 2014, he reported to the U.S. Probation and Pretrial Services Office. A drug test was administered, and Mr. Moore was negative for all substances.**

*On January 29, 2014, the defendant contacted this officer to advise he did not have a ride to the probation office. He was encouraged to find a ride to the office for his urine screen, but he did not report. On January 30, 2014, Mr. Moore was again prompted to report to the office for a urine screen. He did not report as instructed.*

*On January 31, 2014, at approximately 3:20 p.m., the defendant reported to the U.S. Probation and Pretrial Services Office. He submitted a urine screen that was negative for all substances. Mr. Moore advised this officer of his new arrest and he denied he was drunk. He reported he has red eyes due to medical reasons. Further, Mr. Moore denied he was given the opportunity to submit to a breathalyzer or blood alcohol test.*

*The defendant stated he stayed the night at the hotel with his girlfriend, Nikki Speakman, who has moved out of their residence. Defendant Moore reported he still lives at his residence. He was advised he has to obtain permission from the Court before he changes his residence.*

*This officer questioned whether Mr. Moore has used intravenous drugs. He admitted he last used intravenous drugs in June 2013. The supervising officer viewed the defendant's arms and feet, and there were no visible signs of immediate intravenous drug use. Mr. Moore was strongly encouraged to explore his transportation options so that he may report for drug screens as scheduled. Further, he was informed the Court would be notified of his noncompliance.*

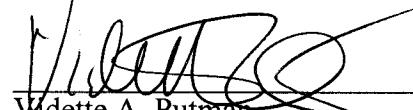
**Respectfully Petitioning the Court as Follows:**

Based upon Mr. Moore's initial failure to report to the U.S. Probation and Pretrial Services when released from custody in October 2013, his failure to report for urine screens in December 2013, and in January 2014, along with his new arrest for Public Intoxication, Pretrial Services opines that Mr. Moore is incapable of fully complying with the conditions of his pretrial supervision. Therefore, it is respectfully recommended that the defendant be ordered to appear before the Court to show cause as to why his bond should not be revoked.

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Assistant United States Attorney Brent Hannafan has been advised of the violation.

Approved:



Vidette A. Putman  
Supervisory U.S. Probation Officer

xc: Brent Hannafan, Assistant U.S. Attorney  
David Heroux, Defense Counsel

Enclosures

# ARREST/SUSPECT/F.I. INFORMATION

<input type="checkbox"/> PETITION <input type="checkbox"/> WARRANT <input type="checkbox"/> SUSPECT <input type="checkbox"/> OFFENDER <input type="checkbox"/> FIELD INTERVIEW <input checked="" type="checkbox"/> <del>ARRAIGNMENT</del> <input type="checkbox"/> MISSING PERSON <input type="checkbox"/> JUVENILE ARREST <input type="checkbox"/> RUNAWAY		ARREST DATE: 1-30-14		CASE # 14-4806		1. 2310(m) 4.	
		ARREST TIME: 2235		ARRESTED 1 OF 3		2. 5.	
<input type="checkbox"/> TYPE OF ARREST: <del>OUT-OF-STATE</del> <input type="checkbox"/> SUMMONED/CITED <input type="checkbox"/> TAKEN INTO CUSTODY		<b>ARRESTEE ARMED WITH:</b> <input checked="" type="checkbox"/> <del>ARMED</del> <input type="checkbox"/> FIREARM <input type="checkbox"/> HANDGUN <input type="checkbox"/> RIFLE		<input type="checkbox"/> SHOTGUN <input type="checkbox"/> OTHER WEAPON <input type="checkbox"/> CUTTING INSTRUMENT <input type="checkbox"/> CLUB / BRASS KNUCKLES		DISPOSITION OF ARREST UNDER 18:	
LOCATION OF ARREST 921 MURFREESBORO RD		ARREST #: 1		DR. LICENSE #: 1101802760		STATE: TN	
SOCIAL SECURITY #: 413 65 1461		NAME: LAST: MOORE		FIRST: RYAN		ALIAS: LEE	
HOUSES: 903		STREET ADDRESS: MURFREESBORO RD # 138		CITY: LEBANON		STATE: ZIP CODE: TN 37087	
AGE: 23	SEX: <input checked="" type="checkbox"/> MALE	RACE: <input checked="" type="checkbox"/> WHITE	ETHNICITY: <input type="checkbox"/> HISPANIC <input checked="" type="checkbox"/> NON-HISPANIC <input type="checkbox"/> UNKNOWN	RESIDENT STATUS: <input checked="" type="checkbox"/> RESIDENT	HOME: WORK#:		
DOB: 6-1-90	F <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN	I <input type="checkbox"/> INDIAN <input type="checkbox"/> ASIAN <input type="checkbox"/> OTHER	N <input type="checkbox"/> NON-RESIDENT <input type="checkbox"/> UNKNOWN				CELL/PAGER#: 300 8246
HEIGHT: FEET: 5	WEIGHT: INCHES: 11	EYES: ALB <input type="checkbox"/> ALBINO	GRN <input type="checkbox"/> GREEN	HAIR: BLK <input type="checkbox"/> BLACK	LBR <input type="checkbox"/> LIGHT BROWN	FINGERPRINTED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
		BLK <input type="checkbox"/> BLACK	GRY <input type="checkbox"/> GRAY	BLN <input type="checkbox"/> BLONDE	GRY <input type="checkbox"/> GRAY	RIGHT: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
		<del>BLU</del> <input type="checkbox"/> BLUE	HAZ <input type="checkbox"/> HAZEL	<del>BROWN</del> <input type="checkbox"/> BROWN	RED <input type="checkbox"/> RED	LEFT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
		BRO <input type="checkbox"/> BROWN	DBR <input type="checkbox"/> DARK BROWN	DBR <input type="checkbox"/> DARK BROWN	XXX <input type="checkbox"/> UNKNOWN	AMBIDEXTROUS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
						COMPLETELY BALD	
DRS PRESENT: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OCCUPATION:		EMPLOYED BY: UNEMPLOYED		SCHOOL:		
HANDICAP?: <input type="checkbox"/> YES	HOW:	GANG AFFILIATION:		DRUG TEST:	RESULTS:		
TATTOOS.....DESCRIBE							
AMPUTATIONS...DESCRIBE							
SCARS.....							
OTHER TRAITS.....DESCRIBE							
<b>DIST</b> 01 <input type="checkbox"/> IED LIMBS 02 <input type="checkbox"/> AIR GROWTH/HOLE 03 <input type="checkbox"/> BLIND EARING AID 04 <input type="checkbox"/> CANE/CRUTCH 05 <input type="checkbox"/> CRIPPLED				<b>APPEARANCE:</b> 01 <input checked="" type="checkbox"/> CASUAL 02 <input type="checkbox"/> DIRTY 03 <input type="checkbox"/> DISGUISE 04 <input type="checkbox"/> FLASHY 05 <input type="checkbox"/> MILITARY			
<b>FACIAL SHAPE:</b> 01 <input type="checkbox"/> BROAD 02 <input type="checkbox"/> HIGH 03 <input type="checkbox"/> LONG				<b>BODY BUILD:</b> 01 <input type="checkbox"/> THIN 02 <input checked="" type="checkbox"/> MEDIUM/AVERAGE 03 <input type="checkbox"/> STOCKY			
<b>TEETH:</b> 01 <input type="checkbox"/> BRACES 02 <input type="checkbox"/> CROOKED/BROKEN 03 <input type="checkbox"/> CROOKED 04 <input type="checkbox"/> FALSE 05 <input type="checkbox"/> GAPS BETWEEN 06 <input type="checkbox"/> GOLD CAPPED				<b>COMPLEXION:</b> 01 <input type="checkbox"/> PALE/SHALLOW 02 <input type="checkbox"/> LIGHT/FAIR 03 <input checked="" type="checkbox"/> MEDIUM/AVERAGE 04 <input type="checkbox"/> DARK 05 <input type="checkbox"/> TANNED 06 <input type="checkbox"/> JAUNDICED 07 <input type="checkbox"/> ACNE 08 <input type="checkbox"/> FRECKLED			
<b>LENGTH OF HAIR:</b> 01 <input type="checkbox"/> SHAVED 02 <input type="checkbox"/> BALD 03 <input type="checkbox"/> BALDING <del>04 <input type="checkbox"/> SHORT</del> 05 <input type="checkbox"/> NECK LENGTH				<b>HAIR SHADED/TYPE:</b> 06 <input type="checkbox"/> COLLAR LENGTH 07 <input type="checkbox"/> SHOULDER LENGTH 08 <input type="checkbox"/> LONG 09 <input type="checkbox"/> PUNK STYLE 99 <input type="checkbox"/> OTHER			
<b>SPEECH:</b> 01 <input type="checkbox"/> NORMAL 02 <input type="checkbox"/> ACCENT - US 03 <input type="checkbox"/> ACCENT - FOREIGN 04 <input type="checkbox"/> NON-ENGLISH 05 <input type="checkbox"/> HIGH PITCHED 06 <input type="checkbox"/> LOW PITCHED 07 <input type="checkbox"/> NASAL				<b>GLASSES/CONTACTS:</b> 08 <input type="checkbox"/> RASPY 09 <input type="checkbox"/> STUTTERS 10 <input type="checkbox"/> DEEP 11 <input type="checkbox"/> DISGUISED 12 <input type="checkbox"/> SLURRED 13 <input type="checkbox"/> OTHER 14 <input type="checkbox"/> SPEECH IMPEDIMENT 99 <input type="checkbox"/> OTHER			
<b>MARITAL STATUS:</b> 01 <input type="checkbox"/> SINGLE 02 <input type="checkbox"/> MARRIED 03 <input type="checkbox"/> DIVORCED 04 <input type="checkbox"/> WIDOW 05 <input type="checkbox"/> SEPARATED 06 <input type="checkbox"/> HOMOSEXUAL				<b>HAIR STYLE:</b> 01 <input type="checkbox"/> NOT APPLICABLE 02 <input type="checkbox"/> AFRO 03 <input type="checkbox"/> BUSHY 04 <input type="checkbox"/> CREW CUT 05 <input type="checkbox"/> MILITARY 06 <input type="checkbox"/> PONYTAIL 07 <input type="checkbox"/> WIG 08 <input type="checkbox"/> WIREY 09 <input type="checkbox"/> FINE 10 <input type="checkbox"/> WRINKLED 11 <input type="checkbox"/> RECEDING 12 <input type="checkbox"/> THICK 13 <input type="checkbox"/> UNKNOWN 14 <input type="checkbox"/> OTHER			
<b>EARRINGS:</b> <input type="checkbox"/> YES <b>U.S. CITIZEN:</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				<b>CLOTHING:</b> GREEN JACKET JEANS			
<b>PLACE OF BIRTH:</b> TN							

NAME/ PIN# Hawk 1088

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*Approving Supervisor*

PIN # *1015*

Date 1-31-14

# ARREST/SUSPECT/F.I. INFORMATION

<input type="checkbox"/> PETITION <input type="checkbox"/> WARRANT <input type="checkbox"/> SUSPECT <input type="checkbox"/> OFFENDER <input type="checkbox"/> FIELD INTERVIEW <input checked="" type="checkbox"/> ADULT ARREST <input type="checkbox"/> MISSING PERSON <input type="checkbox"/> JUVENILE ARREST <input type="checkbox"/> RUNAWAY		ARREST DATE: <u>1-30-14</u>	CASE # <u>14-4705</u>	1. <u>0040 (u)</u> 4. 2. <u></u> 5. 3. <u></u> 6.					
		ARREST TIME: <u>22:26</u>	ARRESTED <u>1</u> OF <u>2</u>						
		TYPE OF ARREST: <input checked="" type="checkbox"/> ON-VIEW <input type="checkbox"/> SUMMONED/CITED <input type="checkbox"/> TAKEN INTO CUSTODY	ARRESTEE ARMED WITH: <input type="checkbox"/> UNARMED <input type="checkbox"/> FIREARM <input type="checkbox"/> HANDGUN <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN <input type="checkbox"/> OTHER WEAPON <input type="checkbox"/> CUTTING INSTRUMENT <input type="checkbox"/> CLUB / BRASS KNUCKLES	DISPOSITION OF ARREST UNDER 18: <input type="checkbox"/> HANDLED WITHIN DEPARTMENT <input type="checkbox"/> REFERRED TO OTHER AUTHORITY					
LOCATION OF ARREST <u>PILOT / MURFREESBORO RD.</u>		ARREST #: <u>1</u>	DR. LICENSE #: <u>115931377</u>	STATE: <u>TN</u>					
SOCIAL SECURITY #: <u>414-69-3652</u>		NAME: LAST: <u>WRIGHT</u>	FIRST: <u>CHRISTOPHER</u> MIDDLE: <u>TODD</u>	ALIAS:					
HOUSE#: <u>137</u>	STREET ADDRESS: <u>REED AVE</u>		CITY: <u>CARTHAGE</u>	STATE: <u>TN</u> ZIP CODE: <u>37030</u>					
AGE: <u>22</u> DOB: <u>10-24-91</u>	SEX: <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN	RACE: <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> INDIAN <input type="checkbox"/> ASIAN <input type="checkbox"/> OTHER	ETHNICITY: <input type="checkbox"/> HISPANIC <input checked="" type="checkbox"/> NON-HISPANIC <input type="checkbox"/> UNKNOWN	RESIDENT STATUS: <input type="checkbox"/> RESIDENT <input checked="" type="checkbox"/> NON-RESIDENT <input type="checkbox"/> UNKNOWN	HOME#: WORK#: CELL/PAGER#: <u>684-2251</u>				
HEIGHT: <u>5'6"</u>	WEIGHT: <u>135</u>	EYES: <input type="checkbox"/> ALB <input type="checkbox"/> ALBINO <input checked="" type="checkbox"/> GRN <input type="checkbox"/> GREEN <input type="checkbox"/> BLK <input type="checkbox"/> BLACK <input type="checkbox"/> GRY <input type="checkbox"/> GRAY <input type="checkbox"/> BLU <input type="checkbox"/> BLUE <input type="checkbox"/> HAZ <input type="checkbox"/> HAZEL <input type="checkbox"/> BRO <input type="checkbox"/> BROWN	HAIR: <input type="checkbox"/> BLK <input checked="" type="checkbox"/> BLACK <input type="checkbox"/> GRY <input type="checkbox"/> GRAY <input type="checkbox"/> BLN <input type="checkbox"/> BLONDE <input type="checkbox"/> RED <input type="checkbox"/> RED <input type="checkbox"/> BRO <input type="checkbox"/> BROWN <input type="checkbox"/> XXX <input type="checkbox"/> UNKNOWN <input type="checkbox"/> DBR <input type="checkbox"/> DARK BROWN <input type="checkbox"/> COMPLETELY BALD	LBR <input type="checkbox"/> LIGHT BROWN R <input type="checkbox"/> RIGHT PHOTO TAKEN: <input type="checkbox"/> L <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	FINGERPRINTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	HANDED: <input type="checkbox"/> AMBIDEXTROUS <input checked="" type="checkbox"/> RIGHT			
OFF. PRESENT: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OCCUPATION: <u>n/a</u>	EMPLOYED BY: <u>n/a</u>	SCHOOL: <u>n/a</u>						
HANDICAP?: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	HOW: <u>n/a</u>	GANG AFFILIATION: <u>unk</u>	DRUG TEST: <u>n/a</u>	RESULTS: <u>n/a</u>					
TATTOOS.....DESCRIBE									
AMPUTATIONS...DESCRIBE									
DEFORMITIES...DESCRIBE									
SCARS.....DESCRIBE									
OTHER TRAITS...DESCRIBE									
DISTINCT FEATURES:				APPEARANCE:					
<input type="checkbox"/> AMPUTATION <input type="checkbox"/> ARTIFICIAL LIMB <input type="checkbox"/> BLIND <input type="checkbox"/> CANE/CRUTCH <input type="checkbox"/> CRIPPLED		<input type="checkbox"/> DEFORMED LIMBS <input type="checkbox"/> GROWTH/MOLE <input type="checkbox"/> HEARING AID <input type="checkbox"/> LIMP <input type="checkbox"/> SKIN DISCOLORIZATION		<input type="checkbox"/> SPASTIC MOVEMENTS <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> HANDICAPPED <input type="checkbox"/> OTHER		<input type="checkbox"/> CASUAL <input checked="" type="checkbox"/> DIRTY <input type="checkbox"/> DISGUISE <input type="checkbox"/> FLASHY <input type="checkbox"/> MILITARY	<input type="checkbox"/> WELL GROOMED <input type="checkbox"/> ANGRY <input type="checkbox"/> CALM <input type="checkbox"/> DISORGANIZED <input type="checkbox"/> NERVOUS	<input type="checkbox"/> POLITE <input type="checkbox"/> VIOLENT <input type="checkbox"/> OTHER	
FACIAL SHAPE:				BODY BUILD:					
<input type="checkbox"/> BROAD <input type="checkbox"/> HIGH CHEEKBONES <input type="checkbox"/> LONG		<input checked="" type="checkbox"/> OVAL <input type="checkbox"/> ROUND <input type="checkbox"/> SQUARE		<input type="checkbox"/> THIN <input checked="" type="checkbox"/> MEDIUM/AVERAGE <input type="checkbox"/> STOCKY		<input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE <input type="checkbox"/> SMALL	<input type="checkbox"/> LARGE <input type="checkbox"/> MUSCULAR <input type="checkbox"/> OTHER		
TEETH:				COMPLEXION:			FACIAL HAIR:		
<input type="checkbox"/> BRACES <input type="checkbox"/> CROOKED/BROKEN <input checked="" type="checkbox"/> CROOKED <input type="checkbox"/> FALSE <input type="checkbox"/> GAPS BETWEEN <input type="checkbox"/> GOLD CAPPED		<input type="checkbox"/> SILVER CAPPED <input type="checkbox"/> MISSING <input type="checkbox"/> STAINED/DECAYED <input type="checkbox"/> JEWEL STUDDED <input type="checkbox"/> NORMAL <input type="checkbox"/> OTHER		<input type="checkbox"/> PALE/SHALLOW <input type="checkbox"/> LIGHT/FAIR <input checked="" type="checkbox"/> MEDIUM/AVERAGE <input type="checkbox"/> DARK <input type="checkbox"/> TANNED <input type="checkbox"/> JAUNDICED <input type="checkbox"/> ACNE <input type="checkbox"/> FRECKLED		<input type="checkbox"/> POKED <input type="checkbox"/> RUDDY <input type="checkbox"/> CLEAR <input type="checkbox"/> OLIVE <input type="checkbox"/> WEATHERED <input type="checkbox"/> WRINKLED <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER	<input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> CLEAN SHAVEN <input checked="" type="checkbox"/> UNSHAVEN <input type="checkbox"/> SIDEBURNS <input type="checkbox"/> MUSTACHE <input type="checkbox"/> FU MANCHU <input type="checkbox"/> LOWER LIP	<input type="checkbox"/> GOATEE <input type="checkbox"/> FULL BEARD <input type="checkbox"/> SCRAGGLY BEARD <input type="checkbox"/> SHORT BEARD <input type="checkbox"/> THIN MUSTACHE <input type="checkbox"/> THICK MUSTACHE <input type="checkbox"/> OTHER	
LENGTH OF HAIR:				HAIR SHADED/TYPE:			HAIR STYLE:		
<input type="checkbox"/> SHAVED <input type="checkbox"/> BALD <input type="checkbox"/> BALDING <input type="checkbox"/> SHORT <input type="checkbox"/> NECK LENGTH		<input type="checkbox"/> COLLAR LENGTH <input type="checkbox"/> SHOULDER LENGTH <input type="checkbox"/> LONG <input type="checkbox"/> PUNK STYLE <input type="checkbox"/> OTHER		<input type="checkbox"/> LIGHT <input checked="" type="checkbox"/> DARK <input type="checkbox"/> HIGHLIGHTED <input type="checkbox"/> DYED <input type="checkbox"/> THICK		<input type="checkbox"/> WIRY <input type="checkbox"/> FINE <input type="checkbox"/> THIN <input type="checkbox"/> RECEDING <input type="checkbox"/> WIG <input type="checkbox"/> OTHER	<input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> AFRO <input type="checkbox"/> BUSHY <input type="checkbox"/> CREW CUT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> PONYTAIL	<input type="checkbox"/> PROCESSED <input type="checkbox"/> STRAIGHT <input type="checkbox"/> WAVY/CURLY <input type="checkbox"/> FLAT TOP <input type="checkbox"/> GREASY <input type="checkbox"/> MOHAWK <input type="checkbox"/> PUNK	<input type="checkbox"/> BANGS <input type="checkbox"/> CENTER PART <input type="checkbox"/> COMBED BACK <input type="checkbox"/> DIRTY <input type="checkbox"/> SIDE PART <input type="checkbox"/> STYLED <input type="checkbox"/> OTHER
SPEECH:				GLASSES/CONTACTS:			MARITAL STATUS:		EARRINGS: <input type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ACCENT - US <input type="checkbox"/> ACCENT - FOREIGN <input type="checkbox"/> NON-ENGLISH <input type="checkbox"/> HIGH PITCHED <input type="checkbox"/> LOW PITCHED <input type="checkbox"/> NASAL		<input type="checkbox"/> RASPY <input type="checkbox"/> STUTTERS <input type="checkbox"/> DEEP <input type="checkbox"/> DISGUISED <input type="checkbox"/> SLURRED <input type="checkbox"/> OTHER <input type="checkbox"/> SPEECH IMPEDIMENT <input type="checkbox"/> OTHER		<input type="checkbox"/> NONE <input type="checkbox"/> YES/UNKNOWN TYPE <input type="checkbox"/> PRESCRIPTION <input type="checkbox"/> SUNGLASSES <input type="checkbox"/> CONTACT LENS <input type="checkbox"/> DESIGNER <input type="checkbox"/> OTHER		<input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW <input type="checkbox"/> SEPARATED <input type="checkbox"/> HOMOSEXUAL	<input type="checkbox"/> COHABITATING <input type="checkbox"/> OTHER	U.S. CITIZEN: <input type="checkbox"/> YES <input type="checkbox"/> NO	
							CLOTHING:		<u>BLUE JEANS</u>
							PLACE OF BIRTH:		<u>unk</u>

NAME/ PIN# C. BRYAN / 1057

PAGE 3 of 6

REPORTING OFFICER:	C. BRYAN			PIN #:	1057	DATE/TIME:	1-30-14 2226
VEHICLE:	TYPE:	CODE:	LICENSE#:	STATE:	YR:		
YR:	MAKE:	MODEL:			STYLE:		
VIN#:	COLOR(S):			TOWED: YES / NO HOLD: YES / NO			
COMPANIONS:	TOW COMPANY:						
<p><b>NARRATIVE:</b> ON 1-30-14 AT 2226 HOURS I MADE CONTACT WITH MR. CHRISTOPHER WRIGHT AT PILOT, 921 MURFREESBORO RD, AFTER RECEIVING CALLS OF SUSPICIOUS ACTIVITY. MR. WRIGHT GAVE CONSENT TO SEARCH HIS POCKETS. IN HIS POCKETS I LOCATED A RED STRAW WITH WHITE RESIDUE INSIDE IT. MR. WRIGHT ADMITTED TO SNORTING METH WITH THE STRAW. MR. WRIGHT WAS ARRESTED, HANDCUFFED, DOUBLE LOCKED, AND TRANSPORTED TO BOOKING. THE IN CAR CAMERA WAS USED TO RECORD THE INCIDENT.</p>							
<p>Approving Supervisor <u>11/11/14</u> PIN # 1055 Date 1-31-14</p>							

**Approving Supervisor**

PIN # 1099

Date 1-31-14

## LEBANON POLICE DEPARTMENT

## PROPERTY REPORT

Albie drunk <sup>PCP</sup>

**TYPE OF PROPERTY LOSS/ETC:**

(1) Burned (2) Damaged (3) Evidence (4) Forged/Counterfeit (5) Lost (6) None  
(7) Recovered (8) Seized (9) Stolen (10) Towed (11) Other (12) Found

**PROPERTY DESCRIPTION:**

(01) Aircraft	(15) Construction Equipment	(29) Structure-Single Occupancy
(02) Alcohol	(16) Household Goods	(30) Structure-Other Dwelling
(03) Automobile	(17) Jewelry	(31) Structure-Commercial
(04) Bicycle	(18) Livestock	(32) Structure-Industrial
(05) Buses	(19) Merchandise	(33) Structure-Public
(06) Clothes/Fur	(20) Money	(34) Structure-Storage
(07) Computer	(21) Negotiable Instruments	(35) Structure-Other
(08) Consumable Goods	(22) Non-Negotiable Instruments	(36) Tools Power/Hand
(09) Credit/Debit Cards	(23) Office Equipment	(37) Trucks
(10) Drugs/Narcotics	(24) Other Motor Vehicle	(38) Vehicle Parts
(11) Drug/Narcotic Equipment	(25) Purses/Handbags/Wallets	(39) Watercraft
(12) Farm Equipment	(26) Radios/TVs/VCRs	(77) Other/Misc
(13) Firearms	(27) Recording Audio/Visual	(88) Pending Inventory
(14) Gambling Equipment	(28) Recreational Vehicle	(99)

## LEBANON POLICE DEPARTMENT

## INCIDENT REPORT

Case # <u>14-4788</u>	Occurred on: <u>1/30/14</u>	to <u>/ /</u>	Occurred Time <u>19:00</u>	to <u>:</u>
Report Date: <u>1/30/14</u>	Report Time: <u>19:02</u>	Reporting Officer PIN: <u>0042</u>		
Reporting Officer: <u>J. Armitte</u>	Other PINS: <u>1099, 1057, 1043, 1061</u>	Location of Incident: House # <u>903</u>		
1 <sup>st</sup> Street: <u>Murfreesboro Rd</u>		Apt #: <u>148</u>	Zone: <u>A</u>	
NCIC Code: (1) <u>0010</u>	Description: (1) <u>Drugs - manufacture Schedule 2</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	F/M
(2) <u>0011</u>	(2) <u>Manufacture of methamphetamine</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	F/M
(3) <u>0013</u>	(3) <u>Drugs - possession Sch 2 w/ Intent</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	F/M
(4) <u>0031</u>	(4) <u>Drugs - Simple Possession</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	F/M
(5) <u>0040</u>	(5) <u>Drugs - Precursor-Pharmaceutical</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	F/M
Location: (01) Air/Bus/Train Terminal	(09) Drug Store/Dr's Office/Hospital	(17) Liquor Store		
(02) Bank/Savings and Loan	(10) Field/Woods	(18) Parking Lot		
(03) Bar/Night Club	(11) Government/Public Building	(19) Rental/Storage		
(04) Church/Synagogue/Temple	(12) Grocery/Supermarket	(20) Residence/Home		
(05) Office Building	(13) Highway/Road/Alley	(21) Restaurant		
(06) Construction Site	(14) Hotel/Motel	(22) School/College		
(07) Convenience Store	(15) Jail/Prison	(23) Gas Station		
(08) Department Store	(16) Lake/Waterway	(24) Specialty Store		
(25) Other/Unknown				
Bias Code: <u>      </u>	Number of Premises Entered: <u>      </u>	Method of Entry: (Force) <input checked="" type="checkbox"/> (No Force) <input type="checkbox"/>	Home Invasion: (Yes) <input checked="" type="checkbox"/> (No) <input type="checkbox"/>	
Offender Used: (Alcohol) (Computer Equipment) <input checked="" type="checkbox"/> (Drugs) <input type="checkbox"/> (Not Applicable) <input type="checkbox"/>	Type of Criminal Activity: <u>      </u>			
Weapon Used: (11) Firearm	(15) Other Firearm	(40) Personal Weapon	(70) Narcotics	
(12) Handgun	(20) Knife	(50) Poisoning	(85) Asphyxiation	
<u>None</u> (13) Rifle	(30) Blunt Object	(60) Explosives	(90) Other	
(14) Shotgun	(35) Motor Vehicle	(65) Fire/Incendiary	(95) Unknown	
Family Violence: (Yes) <input checked="" type="checkbox"/> (No) <input type="checkbox"/>	Gang Activity: (Yes) <input checked="" type="checkbox"/> (No) <input type="checkbox"/> (Unk) <input type="checkbox"/>	Type of Gang Activity: <u>      </u>		
Reviewed by PIN: <u>0042</u>	Assigned to PIN: <u>      </u>	Case Status: (Open) <input type="checkbox"/> (Closed) <input type="checkbox"/> (Active) <input type="checkbox"/>		
Name Reason Code: (VDOM) Victim of Domestic	(VIND) Victim is Individual	(VBUS) Victim is Business		
# <u>1</u> (VGOM) Victim is Government	(VFIN) Victim is Financial	(VPOL) Victim is Police		
(VREL) Victim is Religious Org.	(      ) Victim is Complainant	(VUNK) Victim is Unknown		
(COM) Complainant	(VSOC) Victim is Society	(WIT) Witness		
SSN: - - - Last Name: <u>State</u>	First: <u>of Jean</u> MI: <u>      </u>	DOB: / /	Sex: <u>      </u>	Race: <u>      </u>
Street Address: <u>      </u>	City: <u>      </u>	State: <u>      </u>	Zip: <u>      </u>	
Employer: <u>      </u>	Home Phone: ( ) -	Work Phone: ( ) -		
Injury Type: (N) None <input checked="" type="checkbox"/> (B) Broken Bones <input type="checkbox"/> (I) Internal Injury <input type="checkbox"/>	(L) Severe Laceration <input type="checkbox"/>	(M) Minor Injury <input type="checkbox"/>		
(O) Major Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (U) Unconsciousness <input type="checkbox"/>				
Relationship of Victim to Offender: <u>ST</u>	Victim connected to Offense #: <u>1,2,3,4,5</u>			
(SE) Spouse <input type="checkbox"/>	(GP) Grandparent <input type="checkbox"/>	(SS) Step Sibling <input type="checkbox"/>	(BE) Baby Sitter <input type="checkbox"/>	(EE) Employee <input type="checkbox"/>
(CS) Common Law Spouse <input type="checkbox"/>	(GC) Grandchild <input type="checkbox"/>	(OF) Other Family <input type="checkbox"/>	(BG) Boy/Girl Friend <input type="checkbox"/>	(ER) Employer <input type="checkbox"/>
(PA) Parent <input type="checkbox"/>	(IL) In-Law <input type="checkbox"/>	(AQ) Acquaintance <input type="checkbox"/>	(CF) Child of bg <input type="checkbox"/>	(RU) Unknown <input type="checkbox"/>
(SB) Sibling <input type="checkbox"/>	(SP) Step Parent <input type="checkbox"/>	(FR) Friend <input type="checkbox"/>	(HH) Homosexual Rel. <input checked="" type="checkbox"/>	(ST) Stranger <input type="checkbox"/>
(CH) Child <input type="checkbox"/>	(SC) Step Child <input type="checkbox"/>	(NE) Neighbor <input type="checkbox"/>	(XS) Ex Spouse <input type="checkbox"/>	(VO) Vic / Off <input type="checkbox"/>
Was victim a college student: (Yes) <input checked="" type="checkbox"/> (No) <input type="checkbox"/>	Did offense occur on campus: (Yes) <input checked="" type="checkbox"/> (No) <input type="checkbox"/>			
Domestic Violence: DV Form (Yes) <input type="checkbox"/> (No) <input type="checkbox"/>	HomeSafe (Yes) <input type="checkbox"/> (No) <input type="checkbox"/>	Arrest Made: (Yes) <input type="checkbox"/> (No) <input type="checkbox"/>		
Was children harmed: (Yes) <input type="checkbox"/> (No) <input type="checkbox"/> (None) <input type="checkbox"/>	Was a violation of an order of protection involved? (Yes) <input type="checkbox"/> (No) <input type="checkbox"/>			
Negligent Manslaughter: <u>      </u>	Justifiable Homicide: <u>      </u>	Officer Killed or Assaulted: <u>      </u>		

At hotel (ran by Lb. City  
Police Dept.)

pp.

Page 1 of 9

log 8 nothing attached  
(States see attached)

## LEBANON POLICE DEPARTMENT

## INCIDENT REPORT

Case # <u>14-4788</u>	Occurred on: <u>1/30/14</u>	to <u>/ /</u>	Occurred Time <u>19:30</u>	to <u>:</u>
Report Date: <u>1/30/14</u>	Report Time: <u>19:02</u>	Reporting Officer PIN: <u>0042</u>		
Reporting Officer: <u>J. Armitte</u>	Other PINs: <u>1099, 1057, 1043, 1061</u>	Location of Incident: House # <u>903</u>		
1 <sup>st</sup> Street: <u>Murfreesboro Rd</u>		Apt #: <u>148</u>	Zone: <u>A</u>	
NCIC Code: (1) <u>1032</u>	Description: (1) <u>reckless endangerment</u>	A/C	F/M	
(2) _____	(2) _____	A/C	F/M	
(3) _____	(3) _____	A/C	F/M	
(4) _____	(4) _____	A/C	F/M	
(5) _____	(5) _____	A/C	F/M	
Location: (01) Air/Bus/Train Terminal	(09) Drug Store/Dr's Office/Hospital	(17) Liquor Store		
(02) Bank/Savings and Loan	(10) Field/Woods	(18) Parking Lot		
(03) Bar/Night Club	(11) Government/Public Building	(19) Rental/Storage		
(04) Church/Synagogue/Temple	(12) Grocery/Supermarket	(20) Residence/Home		
(05) Office Building	(13) Highway/Road/Alley	(21) Restaurant		
(06) Construction Site	(14) Hotel/Motel	(22) School/College		
(07) Convenience Store	(15) Jail/Prison	(23) Gas Station		
(08) Department Store	(16) Lake/Waterway	(24) Specialty Store		
(25) Other/Unknown				
Bias Code: _____	Number of Premises Entered: <u>0</u>	Method of Entry: (Force) <u>No Force</u>	Home Invasion: (Yes) <u>No</u>	
Offender Used: (Alcohol) (Computer Equipment) <u>None</u> (Not Applicable)	Type of Criminal Activity: _____			
Weapon Used: (11) Firearm	(15) Other Firearm	(40) Personal Weapon	(70) Narcotics	
(12) Handgun	(20) Knife	(50) Poisoning	(85) Asphyxiation	
(13) Rifle	(30) Blunt Object	(60) Explosives	(90) Other	
(14) Shotgun	(35) Motor Vehicle	(65) Fire/Incendiary	(95) Unknown	
Family Violence: (Yes) <u>No</u>	Gang Activity: (Yes) <u>No</u> (Unk)	Type of Gang Activity: _____		
Reviewed by PIN: <u>0042</u>	Assigned to PIN: _____	Case Status: (Open) (Closed) (Active)		
Name Reason Code: (VDOM) Victim of Domestic	(VIND) Victim is Individual	(VBUS) Victim is Business		
(VG OV) Victim is Government	(VFIN) Victim is Financial	(VPOL) Victim is Police		
# <u>1</u> (VREL) Victim is Religious Org.	( ) Victim is Complainant	(VUNK) Victim is Unknown		
(COM) Complainant	(VSOC) Victim is Society	(WIT) Witness		
SSN: - - - Last Name: <u>State</u>	First: <u>of</u> MI: <u>Jean</u>	DOB: / /	Sex: _____ Race: _____	
Street Address: _____	City: _____	State: _____	Zip: _____	
Employer: _____	Home Phone: ( ) -	Work Phone: ( ) -		
Injury Type: (N) None (B) Broken Bones (I) Internal Injury (L) Severe Laceration (M) Minor Injury	(O) Major Injury (T) Loss of Teeth (U) Unconsciousness			
Relationship of Victim to Offender: <u>ST</u>	Victim connected to Offense #: <u>1</u>			
(SE) Spouse _____	(GP) Grandparent _____	(SS) Step Sibling _____	(BE) Baby Sitter _____	
(CS) Common Law Spouse _____	(GC) Grandchild _____	(OF) Other Family _____	(BG) Boy/Girl Friend _____	
(PA) Parent _____	(IL) In-Law _____	(AQ) Acquaintance _____	(CF) Child of bg _____	
(SB) Sibling _____	(SP) Step Parent _____	(FR) Friend _____	(HH) Homosexual Rel. <u>Stranger</u>	
(CH) Child _____	(SC) Step Child _____	(NE) Neighbor _____	(XS) Ex Spouse _____	
Was victim a college student: (Yes) <u>No</u>	Did offense occur on campus: (Yes) <u>No</u>			
Domestic Violence: DV Form (Yes) <u>No</u>	HomeSafe (Yes) <u>No</u>	Arrest Made: (Yes) <u>No</u>		
Was children harmed: (Yes) <u>No</u> (None)	Was a violation of an order of protection involved? (Yes) <u>No</u>			
Negligent Manslaughter: _____	Justifiable Homicide: _____	Officer Killed or Assaulted: _____		

## LEBANON POLICE DEPARTMENT

## PROPERTY REPORT

## TYPE OF PROPERTY LOSS/ETC:

(1) Burned	(2) Damaged	(3) Evidence	(4) Forged/Counterfeit	(5) Lost	(6) None
(7) Recovered	(8) Seized	(9) Stolen	(10) Towed	(11) Other	(12) Found

## PROPERTY DESCRIPTION:

(01) Aircraft	(15) Construction Equipment	(29) Structure-Single Occupancy
(02) Alcohol	(16) Household Goods	(30) Structure-Other Dwelling
(03) Automobile	(17) Jewelry	(31) Structure-Commercial
(04) Bicycle	(18) Livestock	(32) Structure-Industrial
(05) Buses	(19) Merchandise	(33) Structure-Public
(06) Clothes/Fur	(20) Money	(34) Structure-Storage
(07) Computer	(21) Negotiable Instruments	(35) Structure-Other
(08) Consumable Goods	(22) Non-Negotiable Instruments	(36) Tools Power/Hand
(09) Credit/Debit Cards	(23) Office Equipment	(37) Trucks
(10) Drugs/Narcotics	(24) Other Motor Vehicle	(38) Vehicle Parts
(11) Drug/Narcotic Equipment	(25) Purses/Handbags/Wallets	(39) Watercraft
(12) Farm Equipment	(26) Radios/TVs/VCRs	(77) Other/Misc
(13) Firearms	(27) Recording Audio/Visual	(88) Pending Inventory
(14) Gambling Equipment	(28) Recreational Vehicle	(99)

Type	Code	Qty.	Property Description: Make, Model, Serial #, Type, Brand, VIN, Year, Color, License Plate & Year For Drugs: Type and Estimated quantity	Value	NCIC
3	77	1	20 oz Drain out	\$5	
3	77	1	50 packs (Cotton Swabs)	\$1	
3	77	1	Vials	\$1	
3	77	1	14oz Tools	\$10	
3	77	1	32 oz Coleman Fuel	\$5	
3	77	1	Acrylic Crystal Drain out 2lbs	\$5	
3	77	1	Tape (Black)	\$1	
3	77	1	Grinder	\$1	
3	77	1	Blue Container	\$1	
3	77	1	Empty Cold Compress pack	\$2	
3	77	1	Plastic Tubing	\$10	
3	77	1	Empty 20oz HCL generator	\$1	
3	77	10	Lithium batteries	\$20	
3	77	1	20 oz Empty bottle	\$0	
3	77	1	20 oz Morton Salt	\$1	
3	77	1	24 oz Great Value Salt	\$1	
3	77	3	Mason Jars	\$1	
3	77	1	Plastic funnel	\$1	
3	77	1	Pyrex 2 cup measuring cup	\$1	
3	77	2	box of 100 ad filters	\$2	
3	77	1	Baggie w/ Ammonia Nitrate	\$1	
3	77	3	Syringes	\$1	
3	77	1	Red bowl w/ residue	\$1	

## LEBANON POLICE DEPARTMENT

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## PROPERTY REPORT

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**TYPE OF PROPERTY LOSS/ETC:**

(1) Burned (2) Damaged (3) Evidence (4) Forged/Counterfeit (5) Lost (6) None  
(7) Recovered (8) Seized (9) Stolen (10) Towed (11) Other (12) Found

**PROPERTY DESCRIPTION:**

(01) Aircraft	(15) Construction Equipment	(29) Structure-Single Occupancy
(02) Alcohol	(16) Household Goods	(30) Structure-Other Dwelling
(03) Automobile	(17) Jewelry	(31) Structure-Commercial
(04) Bicycle	(18) Livestock	(32) Structure-Industrial
(05) Buses	(19) Merchandise	(33) Structure-Public
(06) Clothes/Fur	(20) Money	(34) Structure-Storage
(07) Computer	(21) Negotiable Instruments	(35) Structure-Other
(08) Consumable Goods	(22) Non-Negotiable Instruments	(36) Tools Power/Hand
(09) Credit/Debit Cards	(23) Office Equipment	(37) Trucks
(10) Drugs/Narcotics	(24) Other Motor Vehicle	(38) Vehicle Parts
(11) Drug/Narcotic Equipment	(25) Purses/Handbags/Wallets	(39) Watercraft
(12) Farm Equipment	(26) Radios/TVs/VCRs	(77) Other/Misc
(13) Firearms	(27) Recording Audio/Visual	(88) Pending Inventory
(14) Gambling Equipment	(28) Recreational Vehicle	(99) _____

# ARREST/SUSPECT/F.I. INFORMATION

<input type="checkbox"/> PETITION <input type="checkbox"/> WARRANT <input type="checkbox"/> SUSPECT <input type="checkbox"/> OFFENDER <input type="checkbox"/> FIELD INTERVIEW <input type="checkbox"/> ARREST <input type="checkbox"/> MISSING PERSON <input type="checkbox"/> JUVENILE ARREST <input type="checkbox"/> RUNAWAY		ARREST DATE: 1-30-14		CASE # 14-4788		1.0018(F) 4.0040(M)	
		ARREST TIME: 1940		ARRESTED 1 OF 2		2.0013(F) 5.1632(M)	
<input type="checkbox"/> TYPE OF ARREST: <input type="checkbox"/> SUMMONED/CITED <input type="checkbox"/> TAKEN INTO CUSTODY		<b>ARMED WITH:</b> <input type="checkbox"/> FIREARM <input type="checkbox"/> HANDGUN <input type="checkbox"/> RIFLE		<input type="checkbox"/> SHOTGUN <input type="checkbox"/> OTHER WEAPON <input type="checkbox"/> CUTTING INSTRUMENT <input type="checkbox"/> CLUB / BRASS KNUCKLES		3.0034(M)X4 6.0010(F)	
						H Q HANDLED WITHIN DEPARTMENT	
						R Q REFERRED TO OTHER AUTHORITY	
LOCATION OF ARREST		ARREST #:		DR. LICENSE #:		STATE:	
MURFREESBORO RD #148		9		101560872		TN	
SOCIAL SECURITY #:		NAME:		ALIAS:			
243-41-6266		LAST: MOSLEY		FIRST: STEPHANIE		MIDDLE: MARIE	
HOUSE#:	STREET ADDRESS:			CITY: CARTHAGE		STATE: TN	ZIP CODE: 37030
AGE: 31	SEX: <input checked="" type="checkbox"/> FEMALE	RACE: <input checked="" type="checkbox"/> WHITE	ETHNICITY: <input checked="" type="checkbox"/> HISPANIC	RESIDENT STATUS: <input checked="" type="checkbox"/> RESIDENT	HOME:		
DOB: 12-20-82		<input type="checkbox"/> BLACK <input type="checkbox"/> INDIAN <input type="checkbox"/> ASIAN <input type="checkbox"/> OTHER	<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> NONRESIDENT <input type="checkbox"/> UNKNOWN			
HEIGHT:	WEIGHT:	EYES:	HAIR:	LBR <input type="checkbox"/> LIGHT BROWN GRY <input type="checkbox"/> GRAY BLK <input type="checkbox"/> BLACK BLN <input type="checkbox"/> BLONDE BRO <input type="checkbox"/> BROWN DBR <input type="checkbox"/> DARK BROWN	COMPLETELY BALD	FINGERPRINTED <input checked="" type="checkbox"/> NO	HANDED: <input checked="" type="checkbox"/> RIGHT
FEET: 5	INCHES: 6	180	ALB <input type="checkbox"/> ALBINO BLK <input type="checkbox"/> BLACK BLU <input type="checkbox"/> BLUE BRO <input type="checkbox"/> BROWN	GRN <input type="checkbox"/> GREEN GRY <input type="checkbox"/> GRAY HAZ <input type="checkbox"/> HAZEL	RED <input type="checkbox"/> RED XXX <input type="checkbox"/> UNKNOWN	PHOTO TAKEN: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	LEFT <input type="checkbox"/> AMBIDEXTROUS
OFF. PRESENT: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OCCUPATION:	EMPLOYED BY:		UNEMPLOYED		SCHOOL:	
HANDICAP?: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	HOW:	GANG AFFILIATION:		DRUG TEST: TYPE:		RESULTS:	
TATTOOS.....DESCRIBE FOUR LEAF CLOVER L WRIST							
AMPUTATIONS...DESCRIBE							
DEFORMITIES...DESCRIBE							
SCARS.....DESCRIBE							
OTHER TRAITS...DESCRIBE							
4-15-14 1pm							
DISTINCT FEATURES:							
<input type="checkbox"/> AMPUTATION <input type="checkbox"/> ARTIFICIAL LIMB <input type="checkbox"/> BLIND <input type="checkbox"/> CANE/CRUTCH <input type="checkbox"/> CRIPPLED				<input type="checkbox"/> DEFORMED LIMBS <input type="checkbox"/> GROWTH/MOLE <input type="checkbox"/> HEARING AID <input type="checkbox"/> LIMP <input type="checkbox"/> SKIN DISCOLORIZATION			
<input type="checkbox"/> SPASTIC MOVEMENTS <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> HANDICAPPED <input type="checkbox"/> DECEMBER				<input type="checkbox"/> WELL GROOMED <input type="checkbox"/> DIRTY <input type="checkbox"/> DISGUISE <input type="checkbox"/> FLASHY <input type="checkbox"/> MILITARY			
<input type="checkbox"/> BROAD <input type="checkbox"/> HIGH CHEEKBONES <input type="checkbox"/> LONG				<input type="checkbox"/> THIN/LONG <input type="checkbox"/> OTHER			
<input type="checkbox"/> ROUND <input type="checkbox"/> SQUARE				<input type="checkbox"/> MEDIUM/AVERAGE <input type="checkbox"/> STOCKY			
APPEARANCE:							
<input type="checkbox"/> DECEMBER				<input type="checkbox"/> WELL GROOMED <input type="checkbox"/> DIRTY <input type="checkbox"/> DISGUISE <input type="checkbox"/> FLASHY <input type="checkbox"/> MILITARY			
<input type="checkbox"/> BROAD <input type="checkbox"/> HIGH CHEEKBONES <input type="checkbox"/> LONG				<input type="checkbox"/> THIN <input type="checkbox"/> MEDIUM/AVERAGE <input type="checkbox"/> STOCKY			
BODY BUILD:							
<input type="checkbox"/> DECEMBER				<input type="checkbox"/> THIN <input type="checkbox"/> MEDIUM/AVERAGE <input type="checkbox"/> STOCKY			
<input type="checkbox"/> BROAD <input type="checkbox"/> HIGH CHEEKBONES <input type="checkbox"/> LONG				<input type="checkbox"/> DECEMBER			
FACIAL HAIR:							
<input type="checkbox"/> DECEMBER				<input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> CLEAN SHAVEN <input type="checkbox"/> UNSHAVEN <input type="checkbox"/> SIDEBURNS <input type="checkbox"/> MUSTACHE <input type="checkbox"/> FU MANCHU <input type="checkbox"/> LOWER LIP			
COMPLEXION:							
<input type="checkbox"/> PALE/SHALLOW <input type="checkbox"/> LIGHT/FAIR <input type="checkbox"/> MEDIUM/AVERAGE <input type="checkbox"/> DARK				<input type="checkbox"/> POKED <input type="checkbox"/> RUDDY <input type="checkbox"/> CLEAR <input type="checkbox"/> OLIVE <input type="checkbox"/> WEATHERED <input type="checkbox"/> WRINKLED <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER			
FACIAL HAIR:							
<input type="checkbox"/> PALE/SHALLOW <input type="checkbox"/> LIGHT/FAIR <input type="checkbox"/> MEDIUM/AVERAGE <input type="checkbox"/> DARK				<input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> CLEAN SHAVEN <input type="checkbox"/> UNSHAVEN <input type="checkbox"/> SIDEBURNS <input type="checkbox"/> MUSTACHE <input type="checkbox"/> FU MANCHU <input type="checkbox"/> LOWER LIP			
COMPLEXION:							
<input type="checkbox"/> PALE/SHALLOW <input type="checkbox"/> LIGHT/FAIR <input type="checkbox"/> MEDIUM/AVERAGE <input type="checkbox"/> DARK				<input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> CLEAN SHAVEN <input type="checkbox"/> UNSHAVEN <input type="checkbox"/> SIDEBURNS <input type="checkbox"/> MUSTACHE <input type="checkbox"/> FU MANCHU <input type="checkbox"/> LOWER LIP			
HAIR SHADED/TYPE:							
<input type="checkbox"/> LIGHT <input type="checkbox"/> DARK <input type="checkbox"/> HIGH LIGHTEDED				<input type="checkbox"/> WIRY <input type="checkbox"/> FINE <input type="checkbox"/> THIN <input type="checkbox"/> DYED <input type="checkbox"/> RECEDING <input type="checkbox"/> THICK <input type="checkbox"/> WIG <input type="checkbox"/> OTHER			
HAIR STYLE:							
<input type="checkbox"/> LIGHT <input type="checkbox"/> DARK <input type="checkbox"/> HIGH LIGHTEDED				<input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> AFRO <input type="checkbox"/> BUSHY <input type="checkbox"/> CREW CUT <input type="checkbox"/> MILITARY <input type="checkbox"/> PUNK			
HAIR SHADED/TYPE:							
<input type="checkbox"/> LIGHT <input type="checkbox"/> DARK <input type="checkbox"/> HIGH LIGHTEDED				<input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> AFRO <input type="checkbox"/> BUSHY <input type="checkbox"/> CREW CUT <input type="checkbox"/> MILITARY <input type="checkbox"/> PUNK			
HAIR STYLE:							
<input type="checkbox"/> LIGHT <input type="checkbox"/> DARK <input type="checkbox"/> HIGH LIGHTEDED				<input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> AFRO <input type="checkbox"/> BUSHY <input type="checkbox"/> CREW CUT <input type="checkbox"/> MILITARY <input type="checkbox"/> PUNK			
GLASSES/CONTACTS:							
<input type="checkbox"/> RASPY <input type="checkbox"/> STUTTERS <input type="checkbox"/> UNKNOWN TYPE <input type="checkbox"/> PRESCRIPTION <input type="checkbox"/> SUNGLASSES <input type="checkbox"/> CONTACT LENS <input type="checkbox"/> DESIGNER <input type="checkbox"/> OTHER				<input type="checkbox"/> COHABITATING <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW <input type="checkbox"/> SEPARATED <input type="checkbox"/> HOMOSEXUAL			
MARITAL STATUS:							
<input type="checkbox"/> RASPY <input type="checkbox"/> STUTTERS <input type="checkbox"/> UNKNOWN TYPE <input type="checkbox"/> PRESCRIPTION <input type="checkbox"/> SUNGLASSES <input type="checkbox"/> CONTACT LENS <input type="checkbox"/> DESIGNER <input type="checkbox"/> OTHER				<input type="checkbox"/> COHABITATING <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW <input type="checkbox"/> SEPARATED <input type="checkbox"/> HOMOSEXUAL			
EARRINGS: <input checked="" type="checkbox"/> NO							
U.S. CITIZEN: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
CLOTHING: BLACK SHIRT JEANS							
PLACE OF BIRTH: NC							

NAME PIN#

Acufile 8082

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ARREST/SUSPECT/F.I. INFORMATION

<p>P <input type="checkbox"/> PETITION      W <input type="checkbox"/> WARRANT      SUS <input type="checkbox"/> SUSPECT      OFF <input type="checkbox"/> OFFENDER      FI <input type="checkbox"/> FIELD INTERVIEW      ARB <input type="checkbox"/> ADULT ARREST      MP <input type="checkbox"/> MISSING PERSON      JUV <input type="checkbox"/> JUVENILE ARREST      RUN <input type="checkbox"/> RUNAWAY</p>	ARREST DATE: 1-30-14	CASE # 14-4788	1. 0010 (F) 4-0034 CMJ X 3 2. 0010 (F) 5. 1032 (M) 3. 0013 (F) 6. 0040 (M)			
	ARREST TIME: 1940	ARRESTED 2 OF 2				
	TYPE OF ARREST:	ARRESTEE ARMED WITH:	DISPOSITION OF ARREST UNDER 18:			
	SEARCHED <input type="checkbox"/> S <input type="checkbox"/> SUMMONED/CITED T <input type="checkbox"/> TAKEN INTO CUSTODY	04 <input type="checkbox"/> SHOTGUN 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN 13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER WEAPON 16 <input type="checkbox"/> CUTTING INSTRUMENT 17 <input type="checkbox"/> CLUB / BRASS KNUCKLES	H <input type="checkbox"/> HANDLED WITHIN DEPARTMENT R <input type="checkbox"/> REFERRED TO OTHER AUTHORITY			
	LOCATION OF ARREST 903 MURFREESBORO RD #148	ARREST #: 8	DR. LICENSE #: 111800987 STATE: TN			
	SOCIAL SECURITY #: 307982862	NAME: LAST: BUSARD FIRST: NATHAN MIDDLE: ANDREW ALIAS:				
HOUSE#: 407	STREET ADDRESS: PARK AVE	CITY LEBANON STATE: TN ZIP CODE: 37087				
AGE: 26	SEX: MALE <input type="checkbox"/> F <input type="checkbox"/> FEMALE U <input type="checkbox"/> UNKNOWN	RACE: WHITE <input type="checkbox"/> B <input type="checkbox"/> BLACK I <input type="checkbox"/> INDIAN A <input type="checkbox"/> ASIAN O <input type="checkbox"/> OTHER	ETHNICITY: H <input type="checkbox"/> HISPANIC N <input type="checkbox"/> NON-HISPANIC U <input type="checkbox"/> UNKNOWN	RESIDENT STATUS: R <input type="checkbox"/> RESIDENT N <input type="checkbox"/> NON-RESIDENT U <input type="checkbox"/> UNKNOWN	HOME#: WORK#: CELL/PAGER#: unk	
HEIGHT: FEET: 5 INCHES: 11	WEIGHT: 160	EYES: ALB <input type="checkbox"/> ALBINO GRN <input type="checkbox"/> GREEN BLK <input type="checkbox"/> BLACK GRY <input type="checkbox"/> GRAY BLN <input type="checkbox"/> BLONDE RED <input type="checkbox"/> RED HAZ <input type="checkbox"/> HAZEL BRO <input type="checkbox"/> BROWN XXX <input type="checkbox"/> UNKNOWN DBR <input type="checkbox"/> DARK BROWN COMPLETELY BALD	HAIR: LBR <input type="checkbox"/> LIGHT BROWN GRY <input type="checkbox"/> GRAY	FINGERPRINTED: <input type="checkbox"/> YES <input type="checkbox"/> NO	HANDED: <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	
OFF. PRESENT: <input type="checkbox"/> NO	OCCUPATION:	EMPLOYED BY: UNEMPLOYED	SCHOOL:			
HANDICAP?: <input type="checkbox"/> YES	HOW:	GANG AFFILIATION: WATEN KINGS	DRUG TEST: TYPE:	RESULTS:		
TATTOOS.....DESCRIBE 5 POINT CROWN L NECK					COURT: GSII	
AMPUTATIONS...DESCRIBE					DATE AND TIME: 4-15-14 1pm	
DEFORMITIES...DESCRIBE						
SCARS...DESCRIBE						
OTHER TRAITS...DESCRIBE						
DISTINCT FEATURES:				APPEARANCE:		
01 <input type="checkbox"/> AMPUTATION 02 <input type="checkbox"/> ARTIFICIAL LIMB 03 <input type="checkbox"/> BLIND 04 <input type="checkbox"/> CANE/CRUTCH 05 <input type="checkbox"/> CRIPPLED	06 <input type="checkbox"/> DEFORMED LIMBS 07 <input type="checkbox"/> GROWTH/MOLE 08 <input type="checkbox"/> HEARING AID 09 <input type="checkbox"/> LIMP 10 <input type="checkbox"/> SKIN DISCOLORIZATION	11 <input type="checkbox"/> SPASTIC MOVEMENTS 12 <input type="checkbox"/> WHEELCHAIR 13 <input type="checkbox"/> HANDICAPPED 99 <input type="checkbox"/> OTHER	07 <input type="checkbox"/> WELL GROOMED 02 <input type="checkbox"/> DIRTY 03 <input type="checkbox"/> DISGUISE 04 <input type="checkbox"/> FLASHY 05 <input type="checkbox"/> MILITARY	11 <input type="checkbox"/> POLITE 07 <input type="checkbox"/> ANGRY 08 <input type="checkbox"/> CALM 09 <input type="checkbox"/> DISORGANIZED 10 <input type="checkbox"/> NERVOUS		
01 <input type="checkbox"/> BROAD 02 <input type="checkbox"/> HIGH CHEEKBONES 03 <input type="checkbox"/> LONG	04 <input type="checkbox"/> OVAL 05 <input type="checkbox"/> ROUND 06 <input type="checkbox"/> SQUARE	07 <input type="checkbox"/> THIN/LONG 99 <input type="checkbox"/> OTHER	01 <input type="checkbox"/> THIN 02 <input type="checkbox"/> MEDIUM/AVERAGE 03 <input type="checkbox"/> STOCKY	04 <input type="checkbox"/> HEAVY 05 <input type="checkbox"/> OBESE 09 <input type="checkbox"/> SMALL	10 <input type="checkbox"/> LARGE 11 <input type="checkbox"/> MUSCULAR 99 <input type="checkbox"/> OTHER	
FACIAL SHAPE:		BODY BUILD:				
01 <input type="checkbox"/> BROAD 02 <input type="checkbox"/> HIGH CHEEKBONES 03 <input type="checkbox"/> LONG	04 <input type="checkbox"/> OVAL 05 <input type="checkbox"/> ROUND 06 <input type="checkbox"/> SQUARE	07 <input type="checkbox"/> THIN/LONG 99 <input type="checkbox"/> OTHER	01 <input type="checkbox"/> THIN 02 <input type="checkbox"/> MEDIUM/AVERAGE 03 <input type="checkbox"/> STOCKY	04 <input type="checkbox"/> HEAVY 05 <input type="checkbox"/> OBESE 09 <input type="checkbox"/> SMALL	10 <input type="checkbox"/> LARGE 11 <input type="checkbox"/> MUSCULAR 99 <input type="checkbox"/> OTHER	
TEETH:		COMPLEXION:			FACIAL HAIR:	
01 <input type="checkbox"/> BRACES 02 <input type="checkbox"/> CROOKED/BROKEN 03 <input type="checkbox"/> CROOKED 04 <input type="checkbox"/> FALSE 05 <input type="checkbox"/> GAPS BETWEEN 06 <input type="checkbox"/> GOLD CAPPED	07 <input type="checkbox"/> SILVER CAPPED 08 <input type="checkbox"/> MISSING 09 <input type="checkbox"/> STAINED/DECAYED 10 <input type="checkbox"/> JEWEL STUDDED 11 <input type="checkbox"/> NORMAL 99 <input type="checkbox"/> OTHER	01 <input type="checkbox"/> PALE/SHALLOW 02 <input type="checkbox"/> LIGHT/FAIR 03 <input type="checkbox"/> MEDIUM/AVERAGE 04 <input type="checkbox"/> DARK 05 <input type="checkbox"/> TANNED 06 <input type="checkbox"/> JAUNDICED 07 <input type="checkbox"/> ACNE 08 <input type="checkbox"/> FRECKLED	09 <input type="checkbox"/> POCKED 10 <input type="checkbox"/> RUDDY 11 <input type="checkbox"/> CLEAR 12 <input type="checkbox"/> OLIVE 13 <input type="checkbox"/> WEATHERED 14 <input type="checkbox"/> WRINKLED 15 <input type="checkbox"/> UNKNOWN 99 <input type="checkbox"/> OTHER	01 <input type="checkbox"/> NOT APPLICABLE 02 <input type="checkbox"/> UNSHAVEN 03 <input type="checkbox"/> UNSHAVEN 04 <input type="checkbox"/> SIDEBURNS 05 <input type="checkbox"/> MUSTACHE 06 <input type="checkbox"/> FU MANCHU 07 <input type="checkbox"/> LOWER LIP	08 <input type="checkbox"/> GOATEE 09 <input type="checkbox"/> FULL BEARD 10 <input type="checkbox"/> SCRAGGLY BEARD 11 <input type="checkbox"/> SHORT BEARD 12 <input type="checkbox"/> THIN MUSTACHE 13 <input type="checkbox"/> THICK MUSTACHE 99 <input type="checkbox"/> OTHER	
LENGTH OF HAIR:		HAIR SHADED/TYPE:			HAIR STYLE:	
01 <input type="checkbox"/> SHAVED 02 <input type="checkbox"/> BALD 03 <input type="checkbox"/> BALDING 04 <input type="checkbox"/> SHORT 05 <input type="checkbox"/> NECK LENGTH	06 <input type="checkbox"/> COLLAR LENGTH 07 <input type="checkbox"/> SHOULDER LENGTH 08 <input type="checkbox"/> LONG 09 <input type="checkbox"/> PUNK STYLE 99 <input type="checkbox"/> OTHER	01 <input type="checkbox"/> LIGHT 02 <input type="checkbox"/> DARK 03 <input type="checkbox"/> HIGHLIGHTED 04 <input type="checkbox"/> DYED 05 <input type="checkbox"/> THICK	06 <input type="checkbox"/> WIRY 07 <input type="checkbox"/> FINE 08 <input type="checkbox"/> THIN 09 <input type="checkbox"/> RECEDING 10 <input type="checkbox"/> WIG 99 <input type="checkbox"/> OTHER	01 <input type="checkbox"/> NOT APPLICABLE 02 <input type="checkbox"/> AFRO 04 <input type="checkbox"/> BUSHY 05 <input type="checkbox"/> CREW CUT 06 <input type="checkbox"/> MULLET 07 <input type="checkbox"/> PONYTAIL	08 <input type="checkbox"/> PROCESSED 09 <input type="checkbox"/> STRAIGHT 10 <input type="checkbox"/> WAVY/CURLY 11 <input type="checkbox"/> FLAT TOP 12 <input type="checkbox"/> GREASY 13 <input type="checkbox"/> MOHAWK 14 <input type="checkbox"/> PUNK	15 <input type="checkbox"/> BANGS 16 <input type="checkbox"/> CENTER PART 17 <input type="checkbox"/> COMBED BACK 18 <input type="checkbox"/> DIRTY 19 <input type="checkbox"/> SIDE PART 20 <input type="checkbox"/> STYLED 99 <input type="checkbox"/> OTHER
SPEECH:		GLASSES/CONTACTS:			MARITAL STATUS:	EARRINGS:
01 <input type="checkbox"/> NORMAL 02 <input type="checkbox"/> ACCENT - US 03 <input type="checkbox"/> ACCENT - FOREIGN 04 <input type="checkbox"/> NON-ENGLISH 05 <input type="checkbox"/> HIGH PITCHED 06 <input type="checkbox"/> LOW PITCHED 07 <input type="checkbox"/> NASAL	08 <input type="checkbox"/> RASPY 09 <input type="checkbox"/> STUTTERS 10 <input type="checkbox"/> DEEP 11 <input type="checkbox"/> DISGUISED 12 <input type="checkbox"/> SLURRED 13 <input type="checkbox"/> OTHER 14 <input type="checkbox"/> SPEECH IMPEDIMENT 99 <input type="checkbox"/> OTHER	01 <input type="checkbox"/> NONE 02 <input type="checkbox"/> YES/UNKNOWN TYPE 03 <input type="checkbox"/> PRESCRIPTION 04 <input type="checkbox"/> SUNGLASSES 05 <input type="checkbox"/> CONTACT LENS 06 <input type="checkbox"/> DESIGNER 99 <input type="checkbox"/> OTHER	07 <input type="checkbox"/> COHABITATING 02 <input type="checkbox"/> MARRIED 03 <input type="checkbox"/> DIVORCED 04 <input type="checkbox"/> WIDOW 05 <input type="checkbox"/> SEPARATED 06 <input type="checkbox"/> HOMOSEXUAL	07 <input type="checkbox"/> COHABITATING 99 <input type="checkbox"/> OTHER	U.S. CITIZEN: <input type="checkbox"/> YES <input type="checkbox"/> NO	
					CLOTHING:	PLACE OF BIRTH:
					RED JACKET GRAY PANTS	GRAY PANTS

NAME/ PIN# Prudie 002

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## LEBANON POLICE DEPARTMENT

## NARRATIVE/SUPPLEMENT

OFFICER: Pruitt PIN #: 0042 DATE: 1/30/14 CASE #:14-4788

On January 30<sup>th</sup>, 2014, I received intel of a possible meth lab at 903 Murfreesboro Rd (Knight's Inn) in room 148. Sgt. Hawkins and I responded to the room to conduct a knock and talk with the occupants of the room. Upon my arrival, I knocked on the door and female identified as Stephanie Mosley answered the door. I explained to Ms. Mosley that we had received information of a possible meth lab in the room and we were there to investigate. Ms. Mosley adamantly denied a meth lab being in the room. I asked for consent to step in the room and she stated that it was not here room. She further stated that the lessee was in Smith Co. jail. I explained to her that the management would be asking her to leave giving the circumstance. Ms. Mosley opened the door and told us to come in. She presented me with a mirror that had a crushed pill (Percocet) on it with a straw. Mosley stated that it was all she had. I asked Ms. Mosley where her belongings were and she pointed at the front corner of the room. I asked for consent to search her bags and she granted it. Upon consent search, I located several syringes in a plastic bag. I asked Ms. Mosley if she was diabetic and she stated "no". Ms. Mosley was sitting on the bed closest to the bathroom and I noticed a camo backpack sitting by her left leg. I placed Ms. Mosley under arrest for Simple Possession and Paraphernalia. A search incident to arrest was conducted of Ms. Mosley and the immediate area of her. I located Mason Jars with residue, plastic tubing, coffee filters, lithium batteries and drain cleaner in the camo backpack. A male was found hiding in the bathroom and was identified as Nathan Busard. Mr. Busard was also placed under arrest. I also noticed several pills later identified as Methadone and Alprazolam laying on the front counter in plain-view. Officer Bryan transported both subjects to WCSO for booking. Officer Chris Luna and Brian Blackburn were notified to respond. For the safety of the guest in other rooms, I had management relocate them to other rooms. Ms. Mosley was found to have a plastic baggy with approximately 2grams of white powdery substance believed to be methamphetamine and a green pill container with 4 pills in her bra at booking. Luna and Blackburn located several components commonly used in the manufacture of methamphetamine and approximately 1 gram of white powdery substance believed to be methamphetamine. Both Mosley and Busard were charged with constructive possession of all the narcotics, narcotic equipment and paraphernalia inside the room. The Tennessee Methamphetamine Task Force responded to clean up all the items located inside the room. The pills and meth were placed into LPD evidence.

APPROVING OFFICER: pd PIN: 0042 DATE APPROVED: 1/30/14Page: 9 of 9

## UNITED STATES DISTRICT COURT

MIDDLE

District of

TENNESSEE

United States of America

**ORDER SETTING CONDITIONS  
OF RELEASE**

V.

RYAN MOORE

Case Number: 3:13-00097-24

Defendant

IT IS ORDERED that the release of the defendant is subject to the following conditions:

- (1) The defendant shall not commit any offense in violation of federal, state or local law while on release in this case.
- (2) The defendant shall immediately advise the court, defense counsel and the U.S. attorney in writing before any change in address and telephone number.
- (3) The defendant shall appear at all proceedings as required and shall surrender for service of any sentence imposed as directed. The defendant shall appear at (if blank, to be notified) \_\_\_\_\_

Place \_\_\_\_\_

on \_\_\_\_\_

Date and Time \_\_\_\_\_

**Release on Personal Recognizance or Unsecured Bond**

IT IS FURTHER ORDERED that the defendant be released provided that:

( ) The defendant promises to appear at all proceedings as required and to surrender  
( ) The defendant executes an unsecured bond binding the defendant to pay \_\_\_\_\_ dollar \_\_\_\_\_  
In the event of a failure to appear as required or to surrender as directed for

DISTRIBUTION: COURT DEFENDANT PRETRIAL SERVICES U.S. ATTORNEY U.S. MARSHAL

**SCANNED**

Case 3:13-cr-00097 Document 380 \*SEALED\* Filed 11/22/13 Page 5 of 7 PageID #: 827

Case 3:13-cr-00097 Document 380 \*SEALED\* Filed 01/07/14 Page 4 of 6 PageID #: 894

## Additional Conditions of Release

Upon finding that release by one of the above methods will not by itself reasonably assure the appearance of the defendant and the safety of other persons and the community,

IT IS FURTHER ORDERED that the release of the defendant is subject to the conditions marked below:

(6) The defendant is placed in the custody of:

(Name of person or organization) \_\_\_\_\_

(Address) \_\_\_\_\_

(City and state) \_\_\_\_\_

(Tel. No.) \_\_\_\_\_

who agrees (a) to supervise the defendant in accordance with all the conditions of release, (b) to use every effort to assure the appearance of the defendant at all scheduled court proceedings, and (c) to notify the court immediately in the event the defendant violates any conditions of release or disappears.

Signed: \_\_\_\_\_

Custodian or Proxy \_\_\_\_\_

Date \_\_\_\_\_

(7) The defendant shall:

*R/M*  (a) report to the U.S. Pretrial Services as directed, telephone number (615) 736-5771, not later than \_\_\_\_\_.

(b) execute a bond or an agreement to forfeit upon failing to appear as required the following sum of money or designated property: \_\_\_\_\_

(c) post with the court the following indicia of ownership of the above-described property, or the following amount or percentage of the above-described

*R/M*  (d) execute a bail bond with solvent sureties in the amount of \$ \_\_\_\_\_, maintain or actively seek employment, or attend school as directed.

*R/M*  (e) maintain or commence an education program.

*R/M*  (f) surrender any passport to: Pretrial Services.

*R/M*  (g) obtain no passport.

*R/M*  (h) abide by the following restrictions on personnel association, place of abode, or travel: Restricted to Middle District of TN unless pre-approved for out of district travel by Pretrial Services.

*R/M*  (i) avoid all contact, directly or indirectly, with any persons who are or who may become victims or potential witness to the subject investigation or prosecution, including but not limited to: co-defendants without prior approval of Pretrial Services.

(j) undergo medical or psychiatric treatment and/or remain in an institution as follows: \_\_\_\_\_

(k) return to custody each (week) day as of \_\_\_\_\_ o'clock after being released each (week) day as of \_\_\_\_\_ o'clock for employment, schooling, or the following limited purpose(s): \_\_\_\_\_

(l) maintain residence at a halfway house or community corrections center, as deemed necessary by the pretrial services office or supervising officer.

(m) refrain from possessing a firearm, destructive device, or other dangerous weapons.

*R/M*  (n) refrain from ( ) any ( ) excessive use of alcohol.

*R/M*  (o) refrain from use or unlawful possession of a narcotic drug or other controlled substances defined in 21 U.S.C. § 802, unless prescribed by a licensed medical practitioner.

*R/M*  (p) submit to any method of testing required by the pretrial services office or the supervising officer for determining whether the defendant is using a prohibited substance. Such methods may be used with random frequency and include urine testing, the wearing of a sweat patch, a remote alcohol testing system, and/or any form of prohibited substance screening or testing.

*R/M*  (q) participate in a program of inpatient or outpatient substance abuse therapy and counseling if deemed advisable by the pretrial services office or supervising officer.

*R/M*  (r) refrain from obstructing or attempting to obstruct or tamper, in any fashion, with the efficiency and accuracy of any prohibited substance testing or electronic monitoring which is (are) required as a condition(s) of release.

(s) participate in one of the following home confinement program components and abide by all the requirements of the program which ( ) will or ( ) will not include electronic monitoring or other location verification system. You shall pay all or part of the cost of the program based upon your ability to pay as determined by the pretrial services office or supervising officer.

(i) Curfew. You are restricted to your residence every day ( ) from \_\_\_\_\_ to \_\_\_\_\_, or ( ) as directed by the pretrial services office or supervising officer; or

(ii) Home Detention. You are restricted to your residence at all times except for employment; education; religious services; medical, substance abuse, or mental health treatment; attorney visits; court appearances; court-ordered obligations; or other activities as pre-approved by the pretrial services office or supervising officer; or

(iii) Home Incarceration. You are restricted to your residence at all times except for medical needs or treatment, religious services, and court appearances pre-approved by the pretrial services office or supervising officer.

*R/M*  (u) report as soon as possible to the pretrial services office or supervising officer any contact with any law enforcement personnel, including, but not limited to, any arrest, questioning, or traffic stop, and within 48 hrs.

*R/M*  (v) Shall permit Pretrial Services Officer to visit you at home or elsewhere at any time, and allow Pretrial Services Officer to confiscate any contraband in plain view.

(w) \_\_\_\_\_

(x) \_\_\_\_\_

*Prepared - 11/26/13*

DISTRIBUTION: COURT DEFENDANT PRETRIAL SERVICES U.S. ATTORNEY U.S. MARSHAL

## Advice of Penalties and Sanctions

## TO THE DEFENDANT:

## YOU ARE ADVISED OF THE FOLLOWING PENALTIES AND SANCTIONS:

A violation of any of the foregoing conditions of release may result in the immediate issuance of a warrant for your arrest, a revocation of release, an order of detention, and a prosecution for contempt of court and could result in a term of imprisonment, a fine, or both.

The commission of a Federal offense while on pretrial release will result in an additional sentence of a term of imprisonment of not more than ten years, if the offense is a felony; or a term of imprisonment of not more than one year, if the offense is a misdemeanor. This sentence shall be in addition to any other sentence.

Federal law makes it a crime punishable by up to 10 years of imprisonment, and a \$250,000 fine or both to obstruct a criminal investigation. It is a crime punishable by up to ten years of imprisonment, and a \$250,000 fine or both to tamper with a witness, victim or informant; to retaliate or attempt to retaliate against a witness, victim or informant; or to intimidate or attempt to intimidate a witness, victim, juror, informant, or officer of the court. The penalties for tampering, retaliation, or intimidation are significantly more serious if they involve a killing or attempted killing.

If after release, you knowingly fail to appear as required by the conditions of release, or to surrender for the service of sentence, you may be prosecuted for failing to appear or surrender and additional punishment may be imposed. If you are convicted of:

- (1) an offense punishable by death, life imprisonment, or imprisonment for a term of fifteen years or more, you shall be fined not more than \$250,000 or imprisoned for not more than 10 years, or both;
- (2) an offense punishable by imprisonment for a term of five years or more, but less than fifteen years, you shall be fined not more than \$250,000 or imprisoned for not more than five years, or both;
- (3) any other felony, you shall be fined not more than \$250,000 or imprisoned not more than two years, or both;
- (4) a misdemeanor, you shall be fined not more than \$100,000 or imprisoned not more than one year, or both.

A term of imprisonment imposed for failure to appear or surrender shall be in addition to the sentence for any other offense. In addition, a failure to appear or surrender may result in the forfeiture of any bond posted.

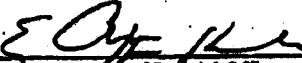
## Acknowledgment of Defendant

I acknowledge that I am the defendant in this case and that I am aware of the conditions of release. I promise to obey all conditions of release, to appear as directed, and to surrender for service of any sentence imposed. I am aware of the penalties and sanctions set forth above.

  
Signature of Defendant

## Directions to United States Marshal

The defendant is ORDERED released after processing.  
 The United States marshal is ORDERED to keep the defendant in custody until notified by the clerk or judicial officer that the defendant has posted bond and/or complied with all other conditions for release. The defendant shall be produced before the appropriate judicial officer at the time and place specified, if still in custody.

Date: June 3, 2013  
Signature of Judicial OfficerE. CLIFTON KNOWLES, U.S. MAGISTRATE JUDGE  
Name and Title of Judicial Officer

DISTRIBUTION: COURT DEFENDANT PRETRIAL SERVICE U.S. ATTORNEY U.S. MARSHAL

## LEBANON POLICE DEPARTMENT

## INCIDENT REPORT

Case # 14-4806 Occurred on: 1/30/14 to 1/1		Occurred Time 22:26 to :		
Report Date: 1/30/14	Report Time: 22:26	Reporting Officer PIN: 1057		
Reporting Officer: C. BRYAN	Other PINs: 1099, 1016	Location of Incident: House # 921		
1 <sup>st</sup> Street: MURFREESBORO RD	Apt #:	Zone: A		
NCIC Code: (1) 0040	Description: (1) DRUG - PARAPHERNALIA	A/C F/M		
(2) 7310	(2) <del>Alleg Information</del>	A/C F/M		
(3) _____	(3) _____	A/C F/M		
(4) _____	(4) _____	A/C F/M		
(5) _____	(5) _____	A/C F/M		
Location: (01) Air/Bus/Train Terminal	(09) Drug Store/Dr's Office/Hospital	(17) Liquor Store		
(02) Bank/Savings and Loan	(10) Field/Woods	(18) Parking Lot		
(03) Bar/Night Club	(11) Government/Public Building	(19) Rental/Storage		
(04) Church/Synagogue/Temple	(12) Grocery/Supermarket	(20) Residence/Home		
(05) Office Building	(13) Highway/Road/Alley	(21) Restaurant		
(06) Construction Site	(14) Hotel/Motel	(22) School/College		
(07) <del>Convenience Store</del>	(15) Jail/Prison	(23) Gas Station		
(08) Department Store	(16) Lake/Waterway	(24) Specialty Store		
(25) Other/Unknown				
Bias Code: _____	Number of Premises Entered: 0	Method of Entry: (Force) <input checked="" type="checkbox"/> Home Invasion: (Yes) <input checked="" type="checkbox"/>		
Offender Used: (Alcohol) (Computer Equipment) <input checked="" type="checkbox"/> (Not Applicable)	Type of Criminal Activity: P, T, U			
Weapon Used: (11) Firearm	(15) Other Firearm	(40) Personal Weapon		
(12) Handgun	(20) Knife	(50) Poisoning		
(13) Rifle	(30) Blunt Object	(60) Explosives		
(14) Shotgun	(35) Motor Vehicle	(65) Fire/Incendiary		
(95) Unknown				
Family Violence: (Yes) <input checked="" type="checkbox"/>	Gang Activity: (Yes) <input checked="" type="checkbox"/> (Unk)	Type of Gang Activity: _____		
Reviewed by PIN: 1099	Assigned to PIN:	Case Status: (Open) (Closed) (Active)		
Name Reason Code: (VDOM) Victim of Domestic	(VIND) Victim is Individual	(VBUS) Victim is Business		
(VGOV) Victim is Government	(VFIN) Victim is Financial	(VPOL) Victim is Police		
# 1 (VREL) Victim is Religious Org.	( ) Victim is Complainant	(VUNK) Victim is Unknown		
(COM) Complainant	(VSOC) Victim is Society	(WIT) Witness		
SSN: - - -	Last Name: DF TN	First: STATE MI: DOB: / / Sex: Race:		
Street Address:	City:	State: Zip:		
Employer:	Home Phone: ( ) -	Work Phone: ( ) -		
Injury Type: (A) None (B) Broken Bones (I) Internal Injury (L) Severe Laceration (M) Minor Injury				
(O) Major Injury (T) Loss of Teeth (U) Unconsciousness				
Relationship of Victim to Offender: ST	Victim connected to Offense #: /			
(SE) Spouse	(GP) Grandparent	(SS) Step Sibling	(BE) Baby Sitter	(EE) Employee
(CS) Common Law Spouse	(GC) Grandchild	(OF) Other Family	(BG) Boy/Girl Friend	(ER) Employer
(PA) Parent	(IL) In-Law	(AQ) Acquaintance	(CF) Child of bg	(RU) Unknown
(SB) Sibling	(SP) Step Parent	(FR) Friend	(HH) Homosexual Rel.	<del>(SS) Stranger</del>
(CH) Child	(SC) Step Child	(NE) Neighbor	(XS) Ex Spouse	(VO) Vic / Off
Was victim a college student: (Yes) <input checked="" type="checkbox"/>	Did offense occur on campus: (Yes) <input checked="" type="checkbox"/>			
Domestic Violence: DV Form (Yes) (No)	HomeSafe (Yes) (No)	Arrest Made: (Yes) (No)		
Was children harmed: (Yes) (No) (None)	Was a violation of an order of protection involved? (Yes) (No)			
Negligent Manslaughter: _____	Justifiable Homicide: _____	Officer Killed or Assaulted: _____		